

Annual Report

UPON THE

Public Health

AND

Sanitary Administration

OF THE

Rural District of Abergavenny ✓

FOR THE

Year 1964

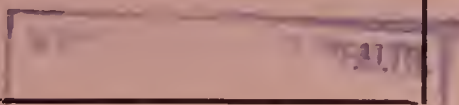


S. M. R. JAMES, B.Sc., M.B., B.Ch., D.P.H.

Medical Officer of Health

and

Medical Officer of Health No. 10 Area.



ANNUAL REPORT

1964

MR. CHAIRMAN, LADIES AND GENTLEMEN

We all know that the prevailing pattern of ill-health differs from that of the past. Modern medicines, public health services and better living conditions have made possible the control of diseases such as diphtheria and tuberculosis, etc. Nevertheless, man will always be faced with more or less important diseases and disorders caused by his environment, and it is unrealistic to expect that everyone should enjoy perfect health. However, there is much that can be done now, both by the individual and the community to raise even the present general level of health.

In 1964 there were 152 deaths in the Abergavenny Rural District, and 110 of these occurred over the age of 55 years due mainly to chronic conditions. Of these conditions, the circulatory group of diseases still occupied pride of place. The increasing number of deaths in this group is not entirely due to a rise in the number of old people in the community and improved diagnosis, but also because of a real increase in the incidence of these diseases. Cigarette smoking, lack of physical exercise, gross obesity, high blood pressure and diabetes mellitus appear to be predisposing factors and these can be controlled by the individual.

Diabetes Mellitus is a disease of the affluent society and fifty years ago it was more or less confined to the rich. During the second world war its incidence declined in these countries with food rationing. Today, with greater food consumption, more obesity and less physical activity, it is estimated that there are nearly 15 diabetics in every 1,000 population. The disease occurs mainly in the second half of life, and many people aged 45 years and over have unrecognised diabetes. It is a disease which may exist for a long time before symptoms appear, but its early detection is an important public health measure, and this is now possible with a simple urine test. Its diagnosis can then be followed by suitable treatment. The discovery of insulin some 40 years ago changed the outlook for the diabetic, but diet is still the mainstay of all methods of treatment and exercise is also important if diabetes is to be controlled. It is a typical example of a disease which can be controlled by individual and community action.

Bronchitis is another chronic condition which has a crippling effect on the elderly. Although not widely recognised by the public,

it is the fourth commonest cause of death in this country, coming only after heart disease, cancer and "strokes." Last year, nearly 40,000 people died in Britain from this cause alone. For every three people killed on the roads, 15 die from Bronchitis. In Abergavenny Rural District, 5 people died from Lung Cancer in 1964, 4 people died from Bronchitis. Yet, few people appreciate how serious the disease can be. It is essentially a disease caused by man himself and the way in which he chooses to live. There are three main contributory factors—smoking, air pollution and living conditions. Effective control depends on determined community and individual action.

Until recently, cancer was regarded as inevitable in old age. It is still true that cancer deaths will continue to rise each year because of the increasing proportion of old people in the community, but we can now be reasonably optimistic that its mortality rate will decline in the not-so-distant future. Already there have been developments in virology, and inevitably there will be new diagnostic techniques. In the public health field cancer prevention is important. In 1964 cytology clinics were established in various parts of Monmouthshire so that cancer of the cervix can be detected in women in their pre-cancerous stage. When such clinics are generally available it will be possible to prevent the 28,000 deaths caused by this disease each year in Britain. This will be a great achievement. It may soon be possible to apply similar methods to detect pre-malignant conditions in other parts of the body, e.g., examination of the urine to determine the presence or absence of cancer in the bladder. Meanwhile, health education will continue to play a vital part in the prevention of cancer. although the association between lung cancer and cigarette smoking is now almost universally accepted, it is not so easy to persuade the habitual smoker to throw away his cigarettes.

The standards of acceptable health have naturally risen along with medical progress, and with improved living standards the community has become more concerned with less serious diseases. An example of this is the increasing awareness by the community of the need to care for the nation's feet. In August, 1964, Monmouthshire County Council set up a chiropody clinic at Leven House in Abergavenny. This service has already given much relief to many of the elderly and handicapped, and within four months it was found necessary to open this clinic twice instead of once weekly. Unfortunately, among the elderly it can only be a repair operation for the damage done in youth. Medical Officers of Health have been and are well aware of the problem of ill-fitting shoes but the dictates of fashion, so far, reign supreme. Chiropody within the school health service should be encouraged, but this is impossible so long as chiropodists are in short supply.

Mortality statistics, as shown in this report, serve to illustrate the increasing challenge of geriatrics. At the same time, one must not forget that although infant mortality has been reduced to a very satisfactory low level, the peri-natal mortality continues to cause some anxiety. Peri-natal mortality has a marked regional variation, and is influenced by maternal age and parity, previous obstetric history and social class. A scheme has now been introduced for the notification of congenital abnormalities to local medical officers of health so that a central statistical record may be compiled. There were 4 peri-natal deaths registered in the Rural District in 1964, but the rate remains below that prevailing in Monmouthshire and the Country generally.

PERINATAL MORTALITY IN ABERGAVENNY RURAL DISTRICT
(1959 - 1964)

YEAR	NUMBER OF FIRST WEEK DEATHS	NUMBER OF STILL BIRTHS	PERINATAL MORTALITY RATE
1964	2	2	28.6
1963	—	—	—
1962	4	1	42.55
1961	2	1	28.99
1960	1	7	56.7
1959	2	2	32.0

PERINATAL MORTALITY (1959-1964)

Abergavenny Borough, Abergavenny Rural District and Monmouthshire County.

YEAR	ABERGAVENNY BOROUGH	ABERGAVENNY RURAL DISTRICT	MONMOUTHSHIRE
1964	57.8	28.6	37.25
1963	30.6	—	35.82
1962	71.4	42.55	38.85
1961	46.1	28.99	39.9
1960	51.3	56.7	42.0
1959	23.9	32.0	47.7

We are told that, generally, illegitimacy figures show an upward trend, but in Abergavenny Rural District the 1964 rate was slightly lower than that of the previous year. Furthermore, the rate of 5.7% compares favourably with the national average of 6.6 per cent. It may also be surprising that none of the local illegitimate births are reflected in the peri-natal deaths. Many of these unmarried mothers are under twenty years of age, and most of them are a prey to anxiety and a sense of guilt. More than half of the babies are adopted, and one feels that much can be done to help the mother who would prefer to keep her baby if only circumstances allowed her to do so, e.g. the provision of suitable accommodation at an economic rent, and even far more important, the support and understanding of forgiving parents. Illegitimacy does not have to remain a social problem, but it does seem to indicate some weakness in our present system of education of the adolescent in and out of school.

VITAL STATISTICS

Area in Acres	..	..	..	62,685
Population (Estimated)	..	..	..	9,150
Number of Inhabited Houses	..	..	..	2,597
(According to Rate Book, 31/12/63)				
Rateable Value	..	..	..	£160,321
1d. Rate	..	..	..	£648

1964	<i>M</i>	<i>F</i>	<i>Total</i>
LIVE BIRTHS :			
Legitimate	75	55	130
Illegitimate	3	5	8
	<hr/>	<hr/>	<hr/>
	78	60	138

LIVE BIRTH RATE	<i>Rural District</i>	<i>County</i>	<i>E. & W.</i>
Per 1,000 population	15.08	18.76	18.4
Comparability Factor—1.2			
Adjusted Live Birth Rate—15.08 x 1.2—18.1 County 19.14.			

STILL BIRTHS	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	1	1	2
Illegitimate	0	0	0
	<hr/>	<hr/>	<hr/>
Total	1	1	2

STILL BIRTH RATE	<i>Rural District</i>	<i>County</i>	<i>E. & W.</i>
Per 1,000 Live and			
Still Births	14.30	21.24	16.3
Per 1,000 population	0.22		

DEATHS	<i>M.</i>	<i>F.</i>	<i>Total</i>
All causes	72	80	152

	<i>Rural District</i>	<i>County</i>	<i>E. & W.</i>
Death Rate per 1,000 population	16.6	11.16	11.3
Comparability Factor—0.49			
Adjusted Death Rate—16.6 x 0.49 – 8.13. County 12.95			

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Death from Cancer (all forms)	13	9	22
Death from Lung Cancer	4	1	5
Deaths due to Pregnancy, Child			
Deaths due to Pregnancy, Child Birth and Abortion—Nil.			

MATERNAL DEATH RATE	<i>Rural District</i>	<i>County</i>
(Rate per 1,000 Live Births)	0	0.59

INFANT MORTALITY

<i>Cause of Death</i>	<i>M.</i>	<i>F.</i>	<i>Age</i>
Virus Pneumonia	1		1 hour
Prematurity		1	1 day
	<hr/> 1	<hr/> 1	

Infant Mortality Rate	<i>Rural District</i>	<i>County</i>	<i>E. & W.</i>
(Rate per 1,000 total Live Births)	14.49	28.58	20.0

Neo-Natal Mortality Rate—first 4 weeks	14.49	18.34
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Early Neo-Natal Mortality Rate		
(Under 1 week)	16.49	16.35

Perinatal Mortality		
(Still Births and Infant		
under 1 week) per 1,000		
total live and still births	28.6	37.25

CAUSES OF DEATH, 1964.

<i>Cause</i>	<i>Sex :</i>	<i>Male</i>	<i>Female</i>
Tuberculosis	1	0
Syphilitic Disease	0	0
Malignant Neoplasm of Stomach	3	1
Malignant Neoplasm of Lung and Bronchus	..	4	1
Malignant Neoplasm of Uterus	0	2
Malignant Neoplasm of Breast	0	1
Other Malignant and Lymphatic Neoplasms	..	6	4
Leukaemia, Aleukaemia	1	0
Diabetes	0	1
Vascular Lesions of nervous system	12	14
Coronary Disease, Angina	9	7
Hypertension with Heart Disease	0	1
Other Heart Diseases	13	21
Other Circulatory Disease	0	3
Influenza	0	0
Pneumonia	8	12
Bronchitis	2	2
Other Disease of Respiratory System	0	1
Ulcer of Stomach and Duodenum	1	0
Gastritis, Enteritis, Diarrhoea	0	0
Nephritis and Nephrosis	0	0
Hyperplasia of Prostate	3	0
Congenital Malformations	0	0
Other defined and ill-defined diseases	7	8
Accidents (Motor Vehicle)	1	1
Suicide	1	0
All other Accidents	0	0
		<hr/>	<hr/>
Total	72	80

NOTIFICATION OF INFECTIOUS DISEASES (1964)

(Classified according to sex and age)

<i>Disease</i>	<i>Sex</i>	<i>0-4</i>	<i>5-9</i>	<i>10-19</i>	<i>20-29</i>	<i>30-39</i>	<i>40 plus</i>	<i>Total</i>
Whooping ..	M	1	1	—	—	—	—	2
Cough ..	F	—	—	—	—	—	—	—
Measles ..	M	3	4	1	—	—	—	8
	F	4	4	1	—	—	—	9
Scarlet Fever	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Cerebro-spinal	M	—	—	—	—	—	—	—
Meningitis	F	—	—	—	—	—	—	—
Typhoid and	M	—	—	—	—	—	—	—
Paratyphoid	F	—	—	—	—	—	—	—
Poliomyelitis	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Dysentery	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Food Poisoning	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Encephalitis	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Phemonia	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Erysipelas	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Abortus Fever	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—

TUBERCULOSIS

Notified :	Pulmonary	M	0	F	0	Non-Pulmonary	M	0	F	0
Deaths :	Pulmonary	M	1	F	0	Non-Pulmonary	M	0	F	0

VACCINATION AGAINST SMALL POX

Numbers Vaccinated

Age Groups	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Under 1 year ..	25	22	47	44	46	37	60	50	40	4	1
1—4 years ..	2	7	35	12	6	18	13	40	158	7	31
5—14 years ..	1	4	1	6	5	9	0	8	667	3	1
15 years plus ..	8	3	12	28	14	8	2	4	1453	1	—
Total ..	36	36	95	90	71	72	75	102	2318	15	33

In addition there was 1 re-vaccination.

IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS

Numbers Immunised

Age Groups	1956	1957	1958	1959	1960	1961	1962	1963	1964
Under 5 years	141	77	112	39 Dip. 54 Whc	70 Dip. 80 Whc	137 Dip. 114 Whc 128 Tet.	88 Dip. 80 Whc 85 Tet.	83 Dip. 84 Whc 90 Tet.	99 Dip. 88 Whc 89 Tet.
5—14 years	58	5	205	3 Dip. 0 Whc	48 Dip. 4 Whc	8 Dip. 1 Whc 7 Tet.	3 Dip. 0 Whc 1 Tet.	5 Dip. 0 Whc 7 Tet.	7 Dip. 4 Whc 3 Tet.
Totals	199	82	317	42 Dip. 54 Whc	118 Dip. 84 Whc	145 Dip. 115 Whc 135 Tet.	91 Dip. 80 Whc 86 Tet.	88 Dip. 84 Whc 97 Tet.	106 Dip. 92 Whc 10 Tet.

In addition to the above, 56 children were given “Booster” diphtheria prophylatic injections 51, “Booster” Whooping Cough injections and 65 “Booster” Tetanus injections.

Yours faithfully,

S. M. JAMES, B.Sc., M.B., B.Ch., D.P.H.

Medical Officer of Health.

REPORT OF THE PUBLIC HEALTH INSPECTOR

Mr. Chairman, Ladies and Gentlemen,

I would like to submit my Annual Report on the work carried out by this department during the year ended 31st December, 1964.

Satisfactory progress was made during the year in all the various duties of the department, detailed reports of which are contained under the various headings included in this report.

The work I am reporting on was carried out substantially, by Mr. D. Collier, the late Public Health Inspector whose sudden demise in July, 1964, was I am certain felt by many to be a double tragedy, it being the loss of a good technical officer and also that of a fine person.

In conclusion, I would like to thank the Chairman and Members of the Council for their confidence and support and also the Clerk and other colleagues for their valuable help and assistance.

I am,

Yours Respectfully,

T. GREGORY,

Public Health Inspector.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Three premises were for the first time licenced this year under the new Animal Boarding Establishments Act, 1963. Licences, containing conditions, were issued and these premises were found generally to be satisfactory. In total 50 dogs and 3 cats are catered for.

CARAVAN SITES

Eighteen site licences were issued in conjunction with temporary planning consents in respect of residential caravan sites, containing one caravan. A further three sites are permanently licenced for six months of this year for holiday caravans. These sites contain: 4, 4 and 25 caravans respectively.

The site at Llangattock House is entitled to a licence for four permanent residential caravans.

Conditions generally on these licensed sites are good.

FACTORIES ACT, 1961

A total of 18 premises were registered as factories during the year, plus a number of building sites and works of engineering construction which ranked as factories. In all cases these were factories in which only Section 7 of the Act is enforced by the Local Authority.

ACTION TAKEN.

No written notices were served in respect of defective or insufficient sanitary conveniences, but in five cases defective sanitary conveniences were remedied as a result of informal action.

OUTWORKERS.

Seven persons were notified as outworkers, these being engaged in knitted woollens and dressmaking.

FOOD AND DRUGS ACT, 1955

UNSOOUND FOOD.

No unfit food was condemned during the year and no unsound food was voluntarily surrendered.

One complaint concerning a dirty milk bottle was received, and in consequence of the analyst's report no legal action was taken.

FOOD HYGIENE.

Visits of Inspection :

		<i>No. of Premises</i>	<i>No. of Visits</i>
Grocers .. ..	..	26	26
Icc-Cream Premises ..	..	28	28
Cafes .. ..	..	2	3
Bakehouses .. ..	..	1	1
Street Vendors .. ..	..	9	9
Licensed Clubs .. ..	..	3	3
Licensed Premises ..	..	32	36
Dairies .. ..	..	2	3

ICE-CREAM (Heat Treatment) REGULATIONS 1947 AND 1952.

There are no premises registered in the area for the manufacture of ice-cream. The 28 registered premises sell pre-packed ice-cream, and the 2 street traders sell loose ice-cream, all of which is manufactured outside the district.

THE MILK AND DAIRIES (General) REGULATIONS, 1959.

There are 2 registered distributors in the area.

No milk samples were submitted for bacteriological or chemical analysis during the year.

ACTION TAKEN.

No legal action was taken during the year in connection with infringements of the Hygiene Regulations, and where substandards were found to exist the remedies were quickly effected in consequence of informal action.

HOUSING

I. Inspection of Dwelling Houses.

(1) (a)	Total number of houses inspected for housing defects (Public Health Act and Housing Act)	..	64
(b)	Number of inspections made for the purpose	..	77
(2)	Number of dwellings found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	7

II. Action under the Statutory Powers

Proceedings taken under Sections 9 to 16,
Housing Act, 1957

(a)	Number of houses in respect of which notices were served requiring repairs	..	NIL
(b)	Number of unfit houses made fit as a result of informal action	..	1
(c)	Number of Closing Orders made	..	2
(d)	Number of Demolition Orders made	..	4
(e)	Number of unfit houses demolished	..	41

IMPROVEMENT GRANTS.

(1) Standard Grants :

(a)	Number of applications received during the year	..	13
(b)	Number of applications approved during the year	..	10
(c)	Number of applications withdrawn during the year	..	3
(d)	Expenditure ranking for grants approved during the year	£1,510 10 0	
(e)	Number of cases in which work was completed		11
(f)	Expenditure paid out on work completed during the year	£1,507 19 0	

Improvement Grants (continued)

(2) Discretionary Grants :

(a) Number of applications received during the year	..	6
(b) Number of applications approved during the year	..	1
(c) Number of applications withdrawn during the year	..	2
(d) Expenditure ranking for grants approved during the year	£387 10	0
(e) Number of cases where work was completed during the year	..	6
(f) Expenditure paid out on work completed during the year	£2,154	0 0

It is often necessary to meet owners and builders on site to discuss proposals in respect of which, because of various difficulties involved, no formal application is ever submitted.

This year saw the maximum level of Standard Grants raised to £350. The difference of £195 between the old and new limits can be apportioned at the discretion of the Council, to cover the cost of constructing a bathroom and septic tank, and for bringing a piped supply of water to the house for the first time. This is a big and attractive improvement to the Standard Grant, but the difference now of only £50 between the limits of the two grants only serves to underline the inadequacy of the £400 limit for the Discretionary Grant. I consider that a special case exists in rural districts, because of the increased cost of building work and the extensive nature of the work often involved in improving cottage property, for the limit to be increased to £600.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This new piece of legislation was introduced this year. It is concerned with the health, welfare and safety of persons employed in the premises described and the Act effectively fills the gaps in the Shops and Factories Acts. The administration of this Act is by far the most involved of the acts covering environmental health, but fortunately it is not too weighty a problem because of the nature of the district.

So far seventeen premises have registered under the Act.

PUBLIC HEALTH ACT, 1936

Most of the activities of this department covered by the Public Health Act, 1936, have sufficient content to be dealt with in detail under separate headings and indeed follow in this report.

NUISANCES.

Four Notices in respect of defective drains were served and these nuisances were abated by the Council in default.

Very few complaints were received during the year involving Statutory Nuisances, and these were settled without resorting to formal action.

The burning tip at the railway junction continues, but in consequence of the reduced activity of the fire and the installation of Airwick sprays the problem has been greatly reduced.

RODENT CONTROL AND OTHER DISINFESTATION

This work, in respect of Council property and dwelling houses, is carried out by a Private Contractor under contract, but in order to give a more complete picture of rodent control work in the district, I have included a summary of the contractor's work in connection with business and agricultural premises.

	Type of Property				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses including Council Houses	(3) All other including Business Premises	(4) Total of Cols. 1, 2 & 3	
1. No. of properties in Local Authority's area	17	2597	217	2831	536
2. No. of properties inspected as a result of notification		147			
No. of such properties found to be infected by :—					
(a) Common Rat		116			
(b) House Mouse		31			
No. of Properties inspected in the course of survey	17	683		700	45
No. of such proper- ties found to be infested by :—					
(a) Common Rat	17	427		444	46
(b) House Mouse	5	38		43	29
4. Total inspections cluding re- inspection	116	1066		1182	179
5. No. of infested Properties	17	465		482	46
6. Total No. of treat- ments carried out including re- treatments	112	683		795	133

TREATMENT OF RATS IN SEWERS

District or System Treated	Total No. of Districts	Total No. of Manholes	Manholes Treated	No. of Manholes showing Take of bait
All Systems	14	210	64	3

It is surprising to note the small amount of rat activity in the sewers. This low figure is consistent in this Rural area as past records show.

OTHER DISINFESTATION.

During the year only one house was treated for bug infestation and two for cockroach infestation. The houses in the district remain substantially free from insect infestation.

REFUSE COLLECTION

Most of the rural district is covered by the Council's collection scheme, which is now under the control of the Public Health Inspector.

The collection is a kerbside one which is carried out weekly in the urbanised part of the district, and fortnightly to monthly in the outlying parts of the rural area.

The Council have only one refuse tip in use and this is at Llanvihangel Crucorney. It is in many ways far from ideal for the needs of the district as a whole, and attempts are being made to acquire other sites in order to improve upon the efficiency of the service.

SEWERAGE AND SEWAGE DISPOSAL

Most of the populated parts of the district are sewered.

In the cases of Pandy, Llanddewi Rhydderch, Llanover, Llanarth, Bryn and Mardy the means of disposal is through traditional sewage disposal works. On small Council housing sites septic tanks and tipper filters are used.

Govilon is connected to the sewage works owned by and situated within the area of the Crickhowell Rural District Council. Llanfoist is connected to the Abergavenny Borough sewage works.

A total of 910 houses are connected to a main sewer.

Sludge removal and disposal from the sewage works is by tanker vehicle under private contract arrangements.

Two men are now employed full-time on the maintenance of the sewage works. Consideration is being given to purchasing a suitable vehicle for the use of the maintenance staff.

This year saw the coming into operation of the Pandy sewage disposal works. The Council have schemes prepared for a public sewer at Grosmont and for the improvement of the sewerage and disposal systems at Llanelen. This work should be completed during the coming year. A further scheme for the improvement of the sewerage and disposal systems at Llanover is being prepared while construction on the new Great Oak scheme is well advanced.

PRIVY CONVERSIONS

During the twelve months April, 1963 to April, 1964, 21 privies were connected to water closets on a main sewer.

Farms and isolated cottages in the area are served by septic tanks, earth and chemical closets. It is estimated that there are upwards of 1,000 septic tanks in the area, including 430 receiving farm drainage.

SLAUGHTER HOUSES

There are no licensed slaughter houses in the Rural District. One licensed slaughterman resides within the area.

WATER SUPPLIES

The Council's own supplies for the Rural District are at Llanover, Tyn-y-wern and Grosmont ; a large proportion of the district is supplied from these three sources. The source of supply in all cases is a spring and the water is chlorinated but not filtered before being distributed. The supply to the Govilon area is supplemented by water from the Abertillery and District Water Board and the Newport and South Monmouthshire Water Board ; the latter board also supplements the Llanover supply and the Abertillery and District Water Board supply water to the Fforest area.

The supply from the Newport and South Monmouthshire Water Board main to Penyval Hospital has been approved by the Ministry and the contractors are proceeding with the work. The Council's Consultant Engineers are proceeding with the scheme to continue the supply from Penyval Hospital to the Llangattock Lingoed and Plough areas.

Many farms and isolated cottages are still dependent on their own springs and wells for their water supply. These supplies are often not piped to the house and the water has to be carried, sometimes over a considerable distance. The quality of this kind of water remains doubtful and during dry periods often inadequate.

During the year the following samples were taken for bacteriological examination :—

Source	Raw Water		Treated Water	
	Satisfactory	Unsatisfact'y	Satisfactory	Unsatisfactory
Water Supplies	0	0	24	2
Wells & Springs	2	7	0	0

